

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento CA 95814

August 18, 1995

ALL-COUNTY INFORMATION NOTICE I-41-95

TO: COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: FOOD STAMP CORRECTIVE ACTION PLAN
AFDC CORRECTIVE ACTION PLAN
ACCURACY IMPROVEMENT UNIT REORGANIZATION

This is to inform you that the U.S. Department of Agriculture, Food and Consumer Service (FCS) has approved our request to waive 7 CFR 275.17 (a) of the Food Stamp (FS) regulations dealing with Corrective Action Plan (CAP) reporting. The waiver is effective immediately and is for an indefinite period of time (Attachment A).

This waiver allows the California Department of Social Services (CDSS) to submit the required FS CAP annually, rather than semiannually. The CAP will be due to FCS on the first of May each year and will report the previous Federal Fiscal Year (FFY) error data and corrective actions taken. To comply with this schedule, each county must prepare and submit a FS CAP by the first of February each year. The content of the CAP is unchanged from previous requirements, except that it will now include a full year's data and corrective action reporting.

As a means of monitoring the FS error rate, FCS requires a six month update of the error data to be submitted by the first of November each year. This update will consist of only the FS error data for the first six months of the FFY (October - March). To comply with this schedule, each county must submit FS error data for the first six months of each FFY, annually by the first of August. Attached is a suggested format for submitting this data which is sufficient for both the six month update and as part of the annual CAP (Attachment B).

Although this waiver only pertains to the Food Stamp program, the same requirements will be in effect for submitting the AFDC CAP. Effective with the next CAP update report, due August 1, 1995, you may submit both FS and AFDC CAPs to:


Ron Thoreson, Chief
Operations Improvement Bureau
744 P Street, MS 19-08
Sacramento, CA 95814

The format for the AFDC CAP is the same as for the FS CAP.

Many counties have been submitting a monthly disposition report. These reports are no longer necessary and should be retained in your county for your reference.

The Operations Improvement Bureau's Accuracy Improvement Unit has reorganized. Attached is a list of the current county assignments for each analyst in the unit (Attachment C). Any corrective action questions or requests for assistance should be directed to the analyst assigned to your county or to John Olson, the manager of the unit. Food Stamp policy questions need to continue to be directed to the Food Stamp Program Bureau at (916) 654-1896. AFDC policy questions similarly remain the responsibility of the AFDC Policy Development Bureau at (916) 654-1322.

If you have any questions or concerns regarding this information notice, please contact Ron Thoreson, Chief, Operations Improvement Bureau at (916) 445-2154.



BRUCE WAGSTAFF
Acting Deputy Director
Welfare Programs Division

Attachments

c: CWDA



United States
Department of
Agriculture

Food and
Nutrition
Service

Western
Region

550 Kearny Street
San Francisco, CA 94108-2518

ATTACHMENT A

WFS-100:FS-10-5-1-CA

NOV 01 1994

Mr. Walter Barnes, Chief
Review and Integrity Branch
Welfare Programs Division
Dept. of Social Services
744 P St., MS 6-700
Sacramento, CA 95814

11-3-94	Assigned To
W. BARNES	
Take whatever action considered appropriate ORG TO FED	

cc:
R. THORESON

Dear Mr. Barnes:

We are pleased to inform you that we are approving your request of August 31 to waive 7 CFR 275.17(a) of the regulations.

We are approving waiver #944011 pursuant to 7 CFR 272.3(c)(1)(ii) which permits approval of waivers which would result in a more effective and efficient administration of the Food Stamp Program. This waiver will allow the California Department of Social Services (CDSS) to submit an annual Food Stamp Corrective Action Plan (CAP) on May 1, covering the previous federal fiscal year (FFY). The requirement at 7 CFR 275.17(a) to submit a semiannual CAP due on November 1 will be waived. The Western Regional Office would appreciate receiving the six-month update error rate information that you will continue collecting from the counties.

The approval of this waiver is for an indefinite period.

If you have any questions, please call me at (415) 705-2333 or Pat Cruise at (415) 705-1361.

Sincerely,

DENNIS STEWART
Regional Director
Food Stamp Program
Western Region

cc: Ron Thoreson, OIB, CDSS, Sacramento
PAD, FNS, Alexandria, VA

I.A. Error Magnitude and Type

1. Error Magnitude

Period: _____

a. AFDC

1) Combined ineligibility and overpayment error rate

Dollar errors: _____ %

Agency caused: _____ %
Client caused: _____ %

Case errors: _____ %

Agency caused: _____ %
Client caused: _____ %2) Overpayments:

Dollar error rate: _____ %

Agency caused: _____ %
Client caused: _____ %

Case error rate: _____ %

Agency caused: _____ %
Client caused: _____ %3) Ineligibility:

Dollar error rate: _____ %

Agency caused: _____ %
Client caused: _____ %

Case error rate: _____ %

Agency caused: _____ %
Client caused: _____ %4) Underpayments:

Dollar error rate: _____ %

Agency caused: _____ %
Client caused: _____ %

Case error rate: _____ %

Agency caused: _____ %
Client caused: _____ %

5) QC Sample

Cases drawn: _____
Case reviewed: _____ Total dollars: \$ _____
Average monthly caseload: _____
Percent of caseload in QC sample: _____%

b. Food Stamps

1) Combined ineligibility, overissuances and underissuances error rate:

Dollar errors:	_____%	Agency caused:	_____%
		Client caused:	_____%
Case errors:	_____%	Agency caused:	_____%
		Client caused:	_____%

2) Overissuances:

Dollar error rate:	_____%	Agency caused:	_____%
		Client caused:	_____%
Case error rate:	_____%	Agency caused:	_____%
		Client caused:	_____%

3) Ineligibility:

Dollar error rate:	_____%	Agency caused:	_____%
		Client caused:	_____%
Case error rate:	_____%	Agency caused:	_____%
		Client caused:	_____%

4) Underissuances:

Dollar error rate: _____ %

Agency caused: _____ %
Client caused: _____ %

Case error rate: _____ %

Agency caused: _____ %
Client caused: _____ %

5) QC Sample

Cases drawn: _____

Case reviewed: _____ Total dollars: \$ _____

Average monthly caseload: _____

Percent of caseload in QC sample: _____ %

ATTACHMENT C

Bob Wright
(916) 445-0152

Imperial
Orange
Riverside
Los Angeles
San Bernardino
San Diego
Santa Barbara
Ventura

Tina Schaffer
(916) 445-3464

Yolo
Contra Costa
Stanislaus
Merced
Santa Clara
Monterey
Fresno
Tulare
Kern

Karen O'Neill
(916) 445-1961

Shasta
Butte
Sacramento
San Joaquin
Solano
Sonoma
San Francisco
San Mateo
Alameda

John Olson
(916) 322-9828

Del Norte	Glen
Siskiyou	Lake
Modoc	Colusa
Humboldt	Sierra
Trinity	Yuba
Lassen	Sutter
Tehama	Nevada
Plumas	Placer
Mendocino	El Dorado
Alpine	Santa Cruz
Napa	Marin
Calaveras	San Benito
Tuolumne	San Luis Obispo
Mariposa	Madera
Mono	Kings
Inyo	Amador